



QUARTERLY REIMBURSEMENT FOR CELL PHONE

SUBMITTED BY:

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PO #: _____ Cell Phone Number: _____

You have been approved for the cell phone reimbursement plan. Please submit your reimbursement on a quarterly basis. A copy of your cell phone bill page(s) showing your cell phone number, service plan type description, monthly service dates of coverage and cost must be attached for documentation.

_____ 1st Quarter July – September

_____ 2nd Quarter October – December

_____ 3rd Quarter January – March

_____ 4th Quarter April - June

CERTIFICATION: I hereby certify that the amount of \$ _____ is true and accurate and that no part thereof has been reimbursed and that the total claim is due and owing.

SIGNATURE _____ **DATE** _____